

Kentucky Teachers' Retirement System (KTRS)*

Notice of Privacy Practices

***This notification is being sent you to satisfy requirements of federal laws relating to HIPAA.
No further action is necessary on your part.***

We have prepared this notice of our privacy practices for members of our self-insured Medicare Eligible Health Plan (MEHP), and it is being sent to you as required by the Health Insurance Portability and Accountability Act known as HIPAA.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully and maintain for future reference.

Personal information is confidential. KTRS protects the privacy of that information in accordance with federal and state privacy laws, as well as our own internal privacy policies. This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information. When we use the term "personal information," we mean financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage. By "health information" we mean information that identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care). Please note that others involved in your healthcare such as doctors and pharmacies may send you separate notices describing their privacy practices.

This notice will become effective on April 14, 2003.

How KTRS Uses and Discloses Personal Information

We need personal information about you in order to provide you with insurance coverage, which includes health benefits and retail and mail order pharmacy services. In administering the self-funded MEHP along with our third party administrator (TPA) and our pharmaceutical benefits manager (PBM), we may use and disclose personal information in various ways, which are not limited to, but include:

Health Care Operations: We may use and disclose personal information about you during the course of administering our self-funded MEHP – that is, during operational activities such as quality control; performance measurement and outcome assessment; recovery initiatives; cost containment methodologies and assessment; wellness initiatives; data aggregation services; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma, heart failure, gastroesophageal reflux disease or depression. Other operational activities requiring use and disclosure include detection and investigation of fraud; internal or external audits; actuarial studies and valuations; legal services; underwriting and rating; network management; formulary management; and other general administrative activities such as data and information systems management and customer service.

Payment: We may use and disclose personal information in a number of ways to help pay for your covered medical and pharmacy services. Some of these include – conducting utilization and medical necessity reviews; coordinating care; determining eligibility; processing enrollments and terminations; adjudicating or subrogating claims; processing claims; designing and implementing coverage management rules; determining formulary compliance; collecting premiums; calculating cost sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the primary insured). In securing payment from appropriate parties, we may coordinate benefits with Medicare or other payors. In addition, our third party administrator and pharmaceutical benefits manager make claims information available to the subscriber and all covered dependents through their respective websites and via telephonic claims status sites.

Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We also may send certain information to doctors for patient safety or other treatment-related decisions.

Additional Reasons for Disclosure: We may use or disclose health information about you in providing you or your physicians or pharmacists with treatment alternatives or reminders, preferred therapies, patient safety alerts, potential drug interactions, formulary alternatives, or other health-related benefits and services, some of which are wellness, prevention, educational health, and disease management programs. We also may disclose such information in support of plan administration to the following -- to Kentucky Teachers' Retirement System as the plan sponsor of the group health plan, as specified in your plan documents; to persons known as business associates who provide services to us and assure us they will protect the information (our TPA, PBM, actuaries and auditors are business associates); to researchers, provided measures are taken to protect your privacy; to state insurance departments, boards of pharmacy, FDA, US Department of Labor, US Department of Health and Human Services and other government agencies that may regulate us; to federal, state and local law enforcement officials for the purpose of law enforcement; in response to a court order or other lawful process regarding legal proceedings; and for the purpose of public welfare to address matters of public interest as required or permitted by law such as threats to public health and safety or national security.

Uses and Disclosures Requiring Your Written Authorization

In situations not specifically permitted under HIPAA and other than those symbolized above, we will ask for your written authorization before using or disclosing personal information about you. If you have given us written authorization, you may revoke it at any time before we act, provided such revocation is in writing.

* For the purpose of this notice, "KTRS" and the pronouns "we", "us" and "our" refer to the Kentucky Teachers' Retirement System self-funded Medicare Eligible Health Plan. This self-funded health plan has been deemed a covered entity for federal HIPAA privacy purposes. This notice covers two pages on front and back.

Member Rights

You have the right to access, inspect, and obtain a copy of your protected health information (PHI) contained in a designated record set that may be used to make decisions about your health care benefits (certain exceptions apply). This PHI may be maintained by our TPA, PBM, or by us. Please write KTRS at the address below to initiate this right. A fee may be charged for the cost of copying, mailing, and other supplies associated with your request. You may make a written request for restriction on certain uses and disclosures of PHI. However, KTRS is not required to agree to a requested restriction. You have the right to receive confidential communications of PHI by alternative means or at alternative locations if the request is reasonable and made in writing. You have the right to submit a written request to have KTRS amend PHI. Amendments will be made by KTRS in cases where such amendments are supported by adequate justification furnished by the member. Upon written request, you have the right to receive an accounting of certain disclosures of PHI, but not for disclosures made before April 14, 2003. The period covered by the accounting can be as long as six years prior to the date on which the accounting is requested. Reasonable fees may be charged if you request such an accounting more than once in a 12-month period. Each member has the right to request a paper copy of this notice from KTRS or make any of the requests above by writing to the address below.

Members may complain to KTRS and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. Complaints to KTRS must be submitted in writing and sent to the Privacy Officer using the address shown below. Federal statutes prohibit any retaliation against a member for filing a complaint regarding violation of health privacy rights.

KTRS Obligations

KTRS is required by law to maintain the privacy of your PHI and to provide members with notice of our legal duties and privacy practices with respect to PHI. KTRS is required to abide by the terms contained in this notice upon its effective date. We reserve the right to change the terms of our privacy notice and to make the new practices effective for all PHI we maintain and will maintain in the future. Members may obtain a copy of any revised notice at www.ktrs.org or by submitting a written request to the KTRS address shown below.

Written Requests By Mail:	Further Information By Telephone:
Attention: Privacy Officer of KTRS 479 Versailles Road Frankfort, KY 40601-3800	In Frankfort – 848-8500 Outside Frankfort – (800) 618-1687

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